DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Num	nber		
			First Named Inventor			
			COMPLETE IF KNOWN			
			Application Number			
Declaration Submitted with Initial Filing		П в не и	Filing Date			
	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit			
			Examiner Name			

As a below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method and System for Processing Correlated Andie Yidee Segments With Digital Signatures within a Broadest System (Title of the Invention) The specification of which Was filed on (MM/DD/YYYY) Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation—									
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not-Claimed	Certified C	opy Attached? NO				
			0000		0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Dat	e (MM/DD/YYYY)	numbers supplem	al provisional a are listed on a ental priority d 02B attached	a lata sheet				

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below								
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/ Address								
city Hickory Creek		State	Texas	zip 75065				
country U , S. A. Telepl	hone 940	-321-	-6117	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:		A petitio	on has been file	ed for this unsigned inventor				
Given Name (first and middle [if any]) Maryin Lyr	Family Name or Surname Williams							
Inventor's Marri Lynn	Will	lai		Date 7-12-2001				
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NAME OF SECOND INVENTOR:		A petition	on has been fil	ed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's				Date				
Signature City	State							
Residence: City		Country	Citizenship					
Mailing Address								
Mailing Address								
City State		ZIP		Country				
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								